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**PARALEGAL SPECIALIST**  
**DESIGNATED OFFICE**  
**(703) 305-6403**

**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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<b>TOTAL IND.</b>	<b>3</b>					
<b>TOTAL DEP.</b>	<b>6</b>	↓	↓	↓		
<b>TOTAL CLAIMS</b>	<b>9</b>					

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IND.	DEP.	IND.	DEP.
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<b>TOTAL IND.</b>		↓	↓
<b>TOTAL DEP.</b>		↓	↓
<b>TOTAL CLAIMS</b>			

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
 Patent and Trademark Office